

FOR INSTRUCTIONS, SEE BACK OF FORM

DISCLOSURE SUMMARY PAGE

File with:

Iowa Ethics and Campaign
Disclosure Board
510 E. 12th, Ste. 1A
Des Moines, Iowa 50319
Fax: 515-281-4073

Effective January 1, 2010, all statements and reports filed by new committees for state office must be filed electronically and effective January 1, 2012, all statements and reports filed by all committees for state office must be filed electronically.

Effective May 1, 2010, all statements and reports for State PACs and State Parties must be filed electronically.

Reset Form

IA ETHICS AND
CAMPAIGN DISCLOSURE BOARD

2012 JUL 20 PM 2:15

COMMITTEE NAME (Must be same as on Statement of Organization)Guard for SupervisorIMPORTANT: Indicate by # type of committee you are reporting for: 5(1) Statewide/Legislative/Judge Standing for Retention Candidate (2) State PAC (3) State Party
(4) County Central Committee (5) County Candidate (6) City Candidate (7) School Board or Other Political
Subdivision Candidate (8) County PAC (9) City PAC (10) School Board or Other Political Subdivision PAC (11) Local Ballot Issue**CANDIDATE COMMITTEES ONLY:**

Candidate Name

Lamoyne Gaard

Political Party (if applicable)

Democrat

Office Sought

County Supervisor

District (if Senate or House)

FORM**DR-2**

(Rev. 12/2009)

DISCLOSURE
REPORT**For Office Use Only**Comm. # _____
Logged In _____
Scanned _____
Computer _____
Audited _____

Late reports are subject to possible civil and criminal penalties. Pursuant to Iowa Code sections 68B.32A(7) and 68A.401(3), the candidate, for a candidate's committee, and the chairperson, for any other type of committee, is the individual responsible for filing timely and accurate reports.

Lamoyne Gaard

SIGNATURE OF PERSON FILING REPORT

641-236-3598

TELEPHONE

7-19-12

DATE SIGNED

I AM FILING A Initial Statement of Organization REPORT FOR (1) ELECTION (2) NON-ELECTION YEAR.

(report date)

Indicate by # ☐☐ CHECK IF AMENDMENT TO REPORT DATED _____☐ Check if this is final (termination) report and attach Notice of Dissolution Form DR-3.
(You must continue to file reports until a DR-3 is filed.)

Local Committees, enter Date of Election

November 6, 2012

County & Local Committees, enter County in which Election is held

Poweshick**STATEMENT OF CASH ON HAND**CASH ON HAND at the beginning of the reporting period. (Total of all funds held by the committee. This amount **MUST** be the same as the cash on hand at the end of the last reporting period or must be zero if this is first report filed.) \$ 0**ADD TOTAL MONEY TAKEN IN THIS PERIOD**Schedule A: Cash Contributions total (Attach Schedule A) (*also see in-kind below) 216.00Schedule F: Loans Received total (Attach Schedule F) 0Schedule H: Total Sales of Campaign Property (Attach Schedule H) 0**(Schedule H applies to Candidates' Committees Only)**SUB-TOTAL \$ 216.00**SUBTRACT TOTAL MONEY SPENT THIS PERIOD**Schedule B: Expenditures total (Attach Schedule B) (**also see debts and loans below) 0Schedule F: Loan Repayments total (Attach Schedule F) 0CASH ON HAND at the end of this reporting period (if final report balance must be zero) \$ 216.00**UNPAID BILLS (From Schedule D - Attach Schedule D) \$ 0**IN KIND CONTRIBUTIONS (From Schedule E - Attach Schedule E) \$ 0**OUTSTANDING LOANS (From Schedule F - Attach Schedule F) \$ 0CONSULTANT BREAKDOWN (Schedule G Attached?) YES ☒ NO**CANDIDATE COMMITTEES ONLY:**VALUE OF CAMPAIGN PROPERTY (From Schedule H - Attach Schedule H) \$ 0

STATE COMMITTEES: Submit a reconciled campaign account bank statement in January of each year.

Reset Form

CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE

A

(Rev. 07/03)

MONETARY
RECEIPTS☐ CHECK THIS BOX IF
AMENDING FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Gaard for Supervisor

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YY)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	✓ IF FOR FUND-RAISER INCOME
5-01-12	ID# CK#	Howard Raffety 646 646 Bruid Grinnell Iowa 50112	—	\$ 20 ⁰⁰	<input checked="" type="checkbox"/>
5-01-12	ID# CK#	Susie Harbaker 730 Ferguson Road Grinnell, IA 50112	—	20 ⁰⁰	<input checked="" type="checkbox"/>
6-26-12	ID# CK# 6193	Don Smith 1420 Summer Grinnell, IA 50112	—	50 ⁰⁰	<input checked="" type="checkbox"/>
6-26-12	ID# CK# 4712	Don + Doris Sundell 2005 Spring Grinnell, IA 50112	—	25 ⁰⁰	<input checked="" type="checkbox"/>
6-26-12	ID# CK# 4829	Rachel Big 820 1/2 4th Avenue Grinnell, IA 50112	—	25 ⁰⁰	<input checked="" type="checkbox"/>
6-26-12	ID# CK#	Sherree Andrews 1215 Summer Grinnell, IA 50112	—	6 ⁰⁰	<input checked="" type="checkbox"/>
6-26-12	ID# CK#	Eldon Snook P.O. Box 701 Montezuma IA 50171	—	20 ⁰⁰	<input checked="" type="checkbox"/>
6-26-12	ID# CK#	Virginia Davis 407 5th Street Malcom, IA 50157	—	6 ⁰⁰	<input checked="" type="checkbox"/>
6-26-12	ID# CK#	Donna Winburn 1706 10 Avenue Place Grinnell, IA 50112	—	6 ⁰⁰	<input checked="" type="checkbox"/>
6-26-12	ID# CK#	Charlene Doyle 6034 North Lakeshore Dr Brooklyn IA 50211	—	6 ⁰⁰	<input checked="" type="checkbox"/>

SUB-TOTAL

\$ 184⁰⁰

TOTAL (If last page of this schedule)

\$

* Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page 1 of 2
(for Schedule A)

Reset Form

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CONTRIBUTIONS -- MONEY TAKEN IN

(Including candidate's personal funds)

SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
<input type="checkbox"/> CHECK THIS BOX IF AMENDING FORM	

COMMITTEE NAME (Must be same as on Statement of Organization)

Guard for Supervisor

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6-26-12	ID# CK#	Ann Braun 506 Montezuma St Malcom, IA 50157	—	\$ 6.00	<input checked="" type="checkbox"/>
6-26-12	ID# CK#	Rita Fernan 3021 90th Grinnell, IA 50112	—	6.00	<input checked="" type="checkbox"/>
6-30-12	ID# CK#	Virginia Davis 407 5th St. Malcom, IA 50157	—	20.00	<input checked="" type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
	ID# CK#				<input type="checkbox"/>
SUB-TOTAL				\$ 32.00	
TOTAL (If last page of this schedule)				\$ 216.00	

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